

CLAIMS ONLY

Application Number
691924973
Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48	1					
49	1					
50	1					
Total Indep	2					
Total Depend	13	←	←	←	←	←
Total Claims	15					

*	Indep	Depend	*	Indep	Depend	*
51	/		51	/		
52	/		52	/		
53	/		53	/		
54	/		54	/		
55	/		55	/		
56	/		56	/		
57	/		57	/		
58	/		58	/		
59	/		59	/		
60	/		60	/		
61	/		61	/		
62	/		62	/		
63	/		63	/		
64	/		64	/		
65	/		65	/		
66	/		66	/		
67	/		67	/		
68	/		68	/		
69	/		69	/		
70	/		70	/		
71	/		71	/		
72	/		72	/		
73	/		73	/		
74	/		74	/		
75	/		75	/		
76	/		76	/		
77	/		77	/		
78	/		78	/		
79	/		79	/		
80	/		80	/		
81	/		81	/		
82	/		82	/		
83	/		83	/		
84	/		84	/		
85			85			
86			86			
87			87			
88			88			
89			89			
90			90			
91			91			
92			92			
93			93			
94			94			
95			95			
96			96			
97			97			
98			98			
99			99			
100			100			
Total Indep	3		76			
Total Depend	28	←	28	←	←	←
Total Claims	31		31			

31
46

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